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| <i>Index of Claims</i>  | Application/Control No. 10606497 | Applicant(s)/Patent Under Reexamination KAMANI ET AL. |
| | Examiner Wilson, Yolanda L | Art Unit 2113 |

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| ✓ | Rejected | - | Cancelled | N | Non-Elected | A | Appeal |
| = | Allowed | ÷ | Restricted | I | Interference | O | Objected |

| <input type="checkbox"/> Claims renumbered in the same order as presented by applicant | | | <input type="checkbox"/> CPA | | | <input type="checkbox"/> T.D. | | | <input type="checkbox"/> R.1.47 | | |
|--|----------|------------|------------------------------|--|--|-------------------------------|--|--|---------------------------------|--|--|
| CLAIM | | DATE | | | | | | | | | |
| Final | Original | 08/17/2007 | | | | | | | | | |
| 1 | 1 | = | | | | | | | | | |
| 2 | 2 | = | | | | | | | | | |
| 3 | 3 | = | | | | | | | | | |
| 4 | 4 | = | | | | | | | | | |
| 5 | 5 | = | | | | | | | | | |
| 6 | 6 | = | | | | | | | | | |
| 7 | 7 | = | | | | | | | | | |
| 8 | 8 | = | | | | | | | | | |
| 9 | 9 | = | | | | | | | | | |
| 10 | 10 | = | | | | | | | | | |
| 11 | 11 | = | | | | | | | | | |
| 12 | 12 | = | | | | | | | | | |
| 13 | 13 | = | | | | | | | | | |
| 14 | 14 | = | | | | | | | | | |
| 15 | 15 | = | | | | | | | | | |
| 16 | 16 | = | | | | | | | | | |
| 17 | 17 | = | | | | | | | | | |
| 18 | 18 | = | | | | | | | | | |
| 19 | 19 | = | | | | | | | | | |
| 20 | 20 | = | | | | | | | | | |
| 21 | 21 | = | | | | | | | | | |
| 22 | 22 | = | | | | | | | | | |
| 23 | 23 | = | | | | | | | | | |
| 24 | 24 | = | | | | | | | | | |
| | 25 | | | | | | | | | | |
| 25 | 26 | = | | | | | | | | | |
| 26 | 27 | = | | | | | | | | | |
| 27 | 28 | = | | | | | | | | | |
| 28 | 29 | = | | | | | | | | | |
| 29 | 30 | = | | | | | | | | | |
| 30 | 31 | = | | | | | | | | | |
| 31 | 32 | = | | | | | | | | | |
| 32 | 33 | = | | | | | | | | | |
| 33 | 34 | = | | | | | | | | | |
| 34 | 35 | = | | | | | | | | | |
| 35 | 36 | = | | | | | | | | | |

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| CLAIM | | DATE | | | | | | | |
| Final | Original | 08/17/2007 | | | | | | | |
| 36 | 37 | = | | | | | | | |